

3) Post Traumatic Stress Disorder

4) History of Paranoid Schizophrenia

5) Heavy use of crack cocaine and marijuana

His medication at the time of admission to the jail consisted of Glucophage, 500mg twice daily and Aspirin, 81mg once daily. The inmate stated that he wears glasses, and the officer did not see any evidence of trauma. The inmate appeared at the time to be under the influence. (Please see the officer's intake sheet dated May 9, 2007).

A nursing physical assessment and evaluation was performed on May 12, 2007 by Jane Lawrence R.N. and subsequently reviewed by me. The inmate denied any problems at that time. He stated that he wore glasses, but that he did not have them. The inmate had no visible signs of trauma and did not complain of decreased visual acuity greater than his baseline. (See intake screening by Jane Lawrence R.N. dated May 12, 2007).

On May 12, 2007 the inmate filled out a sick call request in which he said, "Diabetic and need my glasses from the City. When I got booked at the city jail they never transported my glasses with me. Need med A.S.A.P." The patient was seen on the same day and his medications started. His blood sugar was checked for two weeks twice daily and, after determining that his blood sugar was under good control, the order was changed to once daily. (The patient is a Type II Diabetic with good control, not requiring close glucose monitoring). Blood sugar checks are enclosed with the medical records. The patient did not mention any injury to his eye at this time and only requested his glasses.

The inmate was next seen at sick call on June 8, 2007 after having filled out a sick call request on June 4, 2007. The inmate stated, "Blindness in left and numbness in left arm and left side." The inmate was examined and, at that time, he had vision in his left eye on confrontation (a method of checking for vision not reliant upon the patient's compliance). He stated that he could see and count

my fingers held in front of him, but that they were blurry. The inmate was not wearing his prescription glasses at the time. In my note that day, under the subjective findings, I noted that the inmate stated that he had been blind in his left eye for several months, but that it had gotten worse over the past 3-4 weeks. The inmate related during that visit, but not recorded in my medical record, that it had gotten worse after the Montgomery City Police pushed the left side of his head down onto the hood of a hot vehicle and that he intended to sue the Montgomery City Police Department. Although the inmate complained of left arm and left side numbness, his neurological exam was normal. It is to be noted that if the inmate was correct and he sustained an injury to the left side of his head, any neurological deficit would have occurred on his right side. I did not feel my exam on that day was adequate, so I had the inmate brought back for a re-exam so that I could dilate his pupil and get a good look at the fundus of the eye to rule out a treatable cause for his perceived decreased vision. This re-exam occurred on June 18, 2007 and I dilated his pupil and did a fundoscopic exam, which did not reveal an abnormality which could lead to the patient's complaint. In particular I saw no evidence of retinal detachment, severe diabetic retinopathy or cupping of the disc (suggestive of glaucoma).

Despite the normal exam I felt that one additional test was warranted, that being a measurement of his ocular pressure to further rule out the possibility of glaucoma. I had to purchase the equipment to accomplish this task, but his pressures were measured on July 2, 2007 and found to be 2, which is completely normal.

The inmate was not referred out of the facility for the following reasons:

1. The injury, according to the inmate, occurred prior to the date of his booking, which was May 9, 2007. At the time of his booking there was no complaint of visual problems and no evidence of trauma. The only request that the inmate had at that time was for his glasses and the institution

of his diabetic meds.

2. It was almost a month later when the inmate complained of a loss of vision in his left eye. This could not be confirmed on exam, and no treatable cause for his stated condition could be found. In addition, not noted in the medical record, is the fact that the inmate informed me that he had his last eye exam 6 months earlier. In my judgment there was no treatable condition that would warrant an offsite evaluation. His neurological complaints also did not appear to be legitimate, as he has a normal neurological exam, and his complaints are highly unlikely, given the scenario of injury he describes.

3. I suspect that the inmate's decreased vision is likely due to decreased visual acuity from a refractive error, which is correctable with the use of his glasses.



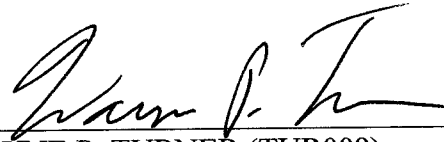
JOHNNY E. BATES, M.D.

SWORN TO and SUBSCRIBED before me this 6th day of August, 2007.



NOTARY PUBLIC

My Commission Expires: 06-01-08



WAYNE P. TURNER (TUR009)
Attorney for Defendant Bates

OF COUNSEL:

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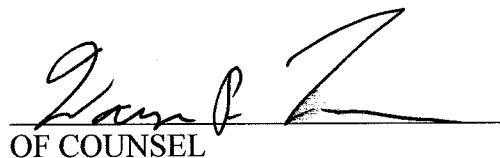
CERTIFICATE OF SERVICE

I hereby certify that I have this 7 day of August, 2007, sent an exact copy of the foregoing document by U.S. Mail, postage prepaid and properly addressed to the following:

Nathaniel Shaw c/o
Montgomery County Detention Facility
Booking # 89354
P.O. Box 4599
Montgomery, Alabama 36103

Connie C. Walker, Esq.
Attorney for Defendants
D.T. Marshall, Gina Savage,
and C.J. Coughlin
305 South Lawrence Street
Montgomery, Alabama 36104

Allison Highley, Esq.
City Attorney for
Defendant Art Baylor
P.O. Box 1111
Montgomery, Alabama 36101-1111



OF COUNSEL

QCHC SICK CALL REQUEST

Check one: _____ Dental ☒ Medical _____ Mental HealthName: NATHANIEL SHAW Inmate I.D. Number 89354Social Security No. 267-846433Housing Unit 3-B-3Medical Problem (be specific): BLINDNESS IN LEFT AND
NUMBNESS IN LEFT ARM AND LEFT
SIDEInmate's Signature Nathaniel Shaw Date 6-4-07 Time 4:40

FOR MEDICAL UNIT USE ONLY

S: A is 1/2 blind in @ eye for several months
but even worse ↓ 3-4 hrs. It is a known
substance abuse. to give you care.O: T 98 P 66 RR 120 BP 114 WT 170 Sat 97%HEENT: < @ eye round pupils, eyes.
@ eye not reacting well. Well dilated pupil
all but pt. rest. Numbness seen in left arm & mouth on
A: 1) ? Dilated left eye. @ eye. very dilated
notP: 1) Mouth pressure
2 Dilated pupil not reacting to exam.

E: _____

Disposition: _____

Nursing Protocol: _____

Provider's Signature: [Signature] Date 6/8/07 Time _____Referred to Physician ☐ Appointment Date _____ Time _____

EXHIBIT

A

Last

First

Middle Initial

Name _____

Inmate # _____

Date _____ Allergies _____

Facility _____

SIG. _____

Physician Signature: _____

4

Last

First

Middle Initial

Name _____

Inmate # _____

Date _____ Allergies _____

Facility _____

SIG. _____

Physician Signature: _____

3

Last

First

Middle Initial

Name Yhu Nethaniel

Inmate # _____

Date 6/28/07 Allergies _____

Facility _____

11 Pa Mfg for prem chel bottles

Noted by E. Albright MD @ 4:00 pm on 6/28/07

2

Last <u>Shaw</u> First <u>Nathaniel</u> Middle Initial		Inmate #	
Date <u>6/8/07</u> Allergies		Facility	
SIG. 11 Ph = 10 days.			
Physician Signature: <u>[Signature]</u>			

4

Last <u>Shaw</u> First <u>Nathaniel</u> Middle Initial		Inmate #	
Date <u>5/18/07</u> Allergies		Facility	
SIG. 11 Δ BS check 5 to once daily in Am only Noted 5/18/07			
Physician Signature: <u>[Signature]</u>			

3

Last <u>Shaw</u> First <u>Nathaniel</u> Middle Initial		Inmate # <u>207-84-0433</u>	
Date <u>5/12/07</u> Allergies <u>NKDA</u>		Facility <u>MCDF</u>	
4CTZ 25 mg QD Glucophage 500 mg ÷ tab PO BID Aspirin 81 mg ÷ tab QD BS Check BID Noted DOB 3/1/49 5/18/07 2 V.O. Dr. Bates / [Signature]			

QCHC Initial Inmate Health Assessment

IDENTIFICATION:

M.R. # 267-84-0433 DATE 5/12/07
 NAME: Shaw, Nathaniel D.O.B.: 3/1/49
 RACE Black SEX Male AGE 58
 NEXT OF KIN Sarah Rhodes (sister) PHONE (904) 696-5510
 FEMALE: N/A GRAV. Valerie Shaw (daughter) AB (904) 768-9093 LMP BC
 ALLERGIES: NKDA

PREVIOUS INCARCERATIONS: (facility & date)

Montg. City Jail May 2007

HISTORY:

- | | | |
|----------------------------|------------------------------|---------------------------|
| 1. <u>0</u> HEART DISEASE | 6. <u>1</u> DIABETES | 11. <u>1</u> EYE DISEASE |
| 2. <u>0</u> LUNG DISEASE | 7. <u>0</u> HEPATITIS | 12. <u>1</u> HYPERTENSION |
| 3. <u>0</u> KIDNEY DISEASE | 8. <u>0</u> VENEREAL DISEASE | 13. <u>0</u> CANCER |
| 4. <u>0</u> LIVER DISEASE | 9. <u>0</u> SICKLE CELL | 14. <u>0</u> PARASITES |
| 5. <u>0</u> EPILEPSY | 10. <u>0</u> ARTHRITIS | 15. <u>0</u> RECTAL BLEED |
- (1—POSITIVE; 0—NEGATIVE)

ABNORMAL FINDINGS:

MEDICAL HISTORY: Diabetic - Glucophage 500 mg ÷ tab BID, wears prescription glasses not c I/M w present, HTN,

SURGICAL HISTORY:

DENTAL HISTORY:

MENTAL HEALTH HISTORY: Florida State Mental Hospital 1994-95

PHYSICAL EXAM:

-238 HT: 6'2 WT: 173 B/P: 130/78 T: 98.5 P: 69 R: 20 98%

GENERAL APPEARANCE: WNL

DENTAL STATUS: WNL

MENTAL STATUS: WNL

EYES	<u>0</u>	SCALP	<u>0</u>	BREASTS	<u>0</u>
EARS	<u>0</u>	SKIN	<u>0</u>	GENITALIA	<u>0</u>
NOSE	<u>0</u>	CHEST	<u>0</u>	EXTREMITIES	<u>0</u>
PHARYNX	<u>0</u>	ABDOMEN	<u>0</u>	GAIT	<u>0</u>

(1—ABNORMAL; 0—NORMAL)

ABNORMAL FINDINGS:

wears glasses - does not have them

continues

Shaw, Nathaniel

Initial Inmate Health Assessment continued

MENTAL HEALTH EVALUATION

Interview:

History of psychiatric treatment
 Current psychotropic medication
 Suicidal ideation or behavior
 Drug usage
 Alcohol usage
 Sex offenses
 Violent behavior
 Victim of criminal violence
 Special education placement
 Cerebral trauma or seizures
 Response to incarceration

yes
 no
 no
 yes
 no
 no
 no
 no
 no
 no
 calm

Mental Status Assessment:

Depressed
 Suicidal
 Agitated
 Paranoid
 Disoriented
 Hallucinations
 Delusional
 Withdrawal
 Violent
 Other

yes
 no
 /
 /
 /
 /
 /
 /
 /
 /

Comments: Crack, marijuana - last use 5/9/07 (heavy user)

DENTAL SCREENING:

No Apparent Disease
 Dental Caries
 Dentures, Partial
 Gum Disease
 Intra-Oral Lesions

full denture upper/lower

Comments:

LABORATORY:

TBC SKIN TEST DONE PER JAIL HEALTH POLICY

HIV REQUESTED: DATE RESULT

HIV REQUESTED: DATE RESULT

MISCELLANEOUS:

Comments:

Laurence RN

RN

Reviewed by:

2 MD

346
 3/11/07
 Case 07-10606-00 CSC HIN Meds 13-2 Filed 08/07/2007 Page 2 of 13
 o Asp 81 mg : QD
 o BS ✓ Has not been checking at home
 o Paranoid Schizophrenia, Post traumatic Stress disorder
 o Crack, marijuana - 5/9/07 Q day
 Heavy user

ADMISSION QUESTIONS-MEDICAL OFFICER/INMATE INTAKE QUESTIONNAIRE
 Last Name Shaw First Name Nathaniel Middle Intake Date 5-9-07 Time AM/PM 1750
 Sex M Social Security No. 267-84-0433 DOB 3-1-49 Allergies

Currently Under Physician Care for:

HAS A PHYSICIAN TOLD YOU THAT YOU HAVE, OR HAVE BEEN TREATED FOR:

Alcoholism	Yes	No
Asthma	Yes	No
High blood Pressure	Yes	No
Diabetes	Yes	No
Drug Addiction	Yes	No
Cancer	Yes	No
Heart Problems	Yes	No
Hepatitis	Yes	No
Ulcers	Yes	No
Kidney Problems	Yes	No
Intestinal Problems	Yes	No
Mental Health	Yes	No

Seizures	Yes	No
Sickle Cell Anemia	Yes	No
Suicide Attempts	Yes	No
Venereal Disease (s)	Yes	No
Tuberculosis	Yes	No
Eye Problem	Yes	No
Other:		
Female:	Yes	No
Reproductive Problems		

Do you wear glasses or contacts? Yes

No Weight Loss (greater than 20 pounds in last 3 months) Constant Cough

Have you been in the hospital in the past 6 months? Yes No Why?

Are you on any current medications? Yes No If yes, what?
 Female: When was your last menstrual period?

OFFICER OBSERVATION /VISUAL EXAM:
 The inmate showing signs of trauma or injuries: Yes No If yes, where:
 How does the inmate state the injury occurred?
 The inmate a suicide risk: Yes No
 Inmate appear to be under the influence of drugs or alcohol: Yes No
 Are there signs of drug or alcohol withdrawal: Yes No

Officers Name/Signature [Signature] Date 5-9-07 Time 1750

INMATE VERIFICATION AND CONSENT:
 We answered all questions truthfully. I have been told and shown how to obtain medical services while incarcerated. I hereby give my consent and authorize health services to be provided to me by and through Southern Health Partners, Inc., the on-site medical provider. I further authorize the release of any and all medical records and/or treatment information be released to the designated healthcare provider within this facility, as well as transfer of this information to the next jurisdiction if any.

Inmates Signature [Signature] Date: 5-9-07

QCHC Follow-Up Daily and PRN Glucose-Checks

Nathanial

ID/DOB 03/01/49

Blood Sugar Check ordered

BID

order changed

Date	Time	Blood Sugar	Insulin	Dose	Site	Signature
5/11/07	PM	238	Ø	Ø	Ø	Nathanial
5/12/07	AM	181	Ø	Ø	Ø	E. C. L. P. N.
5/13/07	PM	110	Ø	Ø	Ø	E. C. L. P. N.
5/14/07	am	113	Ø	Ø	Ø	S. Arrington
5/15/07	PM	184	Ø	Ø	Ø	Nathanial
5/15/07	am	127	Ø	Ø	Ø	S. Arrington
5/15/07	PM	124	Ø	Ø	Ø	Nathanial
5/16/07	am	110	Ø	Ø	Ø	S. Arrington
5/17/07	PM	refused				Nathanial
5/17/07	AM	125	Ø	Ø	Ø	S. Arrington
5/17/07	PM	110	Ø	Ø	Ø	Nathanial
5/18/07	am	99	Ø	Ø	Ø	S. Arrington
5/18/07	PM	163				Nathanial

QCHC Follow-Up Daily and PRN Glucose-Checks

Name: Nathaniel BrownID/DOB 3/1/49Blood Sugar Check ordered BS ✓ Qday AM

Date	Time	Blood Sugar	Insulin	Dose	Site	Signature
5/1/07	AM	No Show				B. Brown
5/2/07	AM	115	Ø	Ø	Ø	B. Brown
5/3/07	am	97	Ø	Ø	Ø	S. Arrington
5/4/07	am	No Show				S. Arrington
5/5/07	am	101	Ø	Ø	Ø	S. Arrington
5/6/07	am	87	Ø	Ø	Ø	S. Arrington
5/7/07	am	97	Ø	Ø	Ø	S. Arrington
5/8/07	AM	E/m Refused to show for AM ✓				S. Arrington
5/9/07	PM	117	Ø	Ø	Ø	E. C. C.
5/10/07	AM	87	Ø	Ø	Ø	E. C. C.
5/11/07	AM	110	Ø	Ø	Ø	S. Arrington
5/12/07	AM	108	Ø	Ø	Ø	S. Arrington
5/13/07	am	104	Ø	Ø	Ø	S. Arrington
5/14/07	am	93	Ø	Ø	Ø	S. Arrington
5/15/07	am	104	Ø	Ø	Ø	S. Arrington
5/16/07	PM	170	Ø	Ø	Ø	E. C. C.
5/17/07						
5/18/07						
5/19/07						
5/20/07						
5/21/07						
5/22/07						
5/23/07						
5/24/07						
5/25/07						
5/26/07						
5/27/07						
5/28/07						
5/29/07						
5/30/07						
5/31/07						

QCHC Follow-Up Daily and PRN Glucose-Checks

3B

Name Dhass, NathanielID/DOB 3/1/49

Blood Sugar Check ordered

BS ✓ @ Am (only)

Date	Time	Blood Sugar	Insulin	Dose	Site	Signature
6-2-07	Am	10/m Refused	verbally			E. Cofe
6-3-07	am	114 refused	verbally			S. Arrington
6-4-07	am	113	Ø	Ø	Ø	S. Arrington
6-5-07	am	96	Ø	Ø	Ø	S. Arrington
6-6-07	am	99	Ø	Ø	Ø	S. Arrington
6-7-07	am	105	Ø	Ø	Ø	S. Arrington
6-8-07	am					
6-9-07	Am	79	Ø	Ø	Ø	E. Cofe
6-10-07	Am	120	Ø	Ø	Ø	E. Cofe
6-11-07	am	no show / refused				S. Arrington
6-12-07	am	119	Ø	Ø	Ø	S. Arrington
6-13-07	am	121	Ø	Ø	Ø	S. Arrington
6-14-07	am	86	Ø	Ø	Ø	S. Arrington
6-15-07	Am	111	Ø	Ø	Ø	Becker
6-16-07	Am	Refused				Becker
6-17-07	am	103	Ø	Ø	Ø	S. Arrington
6-18-07	am	no show / refused				S. Arrington
6-19-07	am					
6-20-07	am	81	Ø	Ø	Ø	S. Arrington
6-21-07	am	115	Ø	Ø	Ø	S. Arrington
6-22-07	am	93	Ø	Ø	Ø	S. Arrington

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3348327768

QCHC MONTGOMERY CO JAIL

JUL 30 2007 6:06PM

QCHC Follow-Up Daily and PRN Glucose-Checks

3B

Name Shaw, Nathaniel ID/DOB 3/1/49
 Blood Sugar Check ordered BS ✓ Q Am (only)

Date	Time	Blood Sugar	Insulin	Dose	Site	Signature
6/23/07	AM	No Show Refused				E. Cobb
6/24/07	AM	98	⊖	⊖	⊖	E. Cobb
6/25/07	am	No Show / refused				S. Arrington
6/26/07	am	140	⊖	⊖	⊖	S. Arrington
6/27/07	am	130	⊖	⊖	⊖	S. Arrington
6/28/07	am	106	⊖	⊖	⊖	S. Arrington
6/29/07	am	106	⊖	⊖	⊖	S. Arrington
6/30/07	AM	103	⊖	⊖	⊖	S. Arrington
7/1/07	AM	95	⊖	⊖	⊖	BD
7/2/07	am	102	⊖	⊖	⊖	S. Arrington
7/3/07	am	104	⊖	⊖	⊖	S. Arrington
7/4/07	am	237	ERROR	⊖	⊖	S. Arrington
7/5/07	am	112	⊖	⊖	⊖	S. Arrington
7/6/07	am	110	⊖	⊖	⊖	S. Arrington
7/7/07	am	114	⊖	⊖	⊖	S. Arrington
7/8/07	AM	122	⊖	⊖	⊖	Be
7/9/07	AM	110	⊖	⊖	⊖	Be
7/10/07	am	97	⊖	⊖	⊖	S. Arrington
7/10/07	PM	95	⊖	⊖	⊖	S. Arrington
7/11/07	am	Refused / no show				S. Arrington
7/12/07	am	102	⊖	⊖	⊖	S. Arrington

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3348327768

QCHC MONGOMERY CO JAIL

JUL 30 2007 6:06PM

QCHC SICK CALL REQUEST

Check one: Dental ☒ Medical ☐ Mental Health ☐Name: Nathaniel ShawInmate I.D. Number 89354Social Security No. 267-84-0433Housing Unit 3B-3Medical Problem (be specific): Diabetes, and need my
Glasses from the City. When I got
booked at City jail they never transported
my Glasses with me, Need Med ASAPInmate's Signature Nathaniel Shaw Date 12 May 07 Time _____

FOR MEDICAL UNIT USE ONLY

Issue handled regarding diabetes during H&P on 5/12/07
W. Jackson, MD

T _____ P _____ RR _____ BP _____ WT _____

P: _____

Disposition: _____

Nursing Protocol: _____

Provider's Signature: _____ Date _____ Time _____

Referred to Physician ☐ Appointment Date _____ Time _____

NOTES MUST BE SIGNED BY PHYSICIAN

Person measured in \odot eye - last org
of brain was 02.

DOB